



Please return to: Benton-Franklin Health District  
attn: Human Resources Director  
471 Williams Blvd.  
Richland, WA 99352

## **EMPLOYMENT APPLICATION**

The Benton-Franklin Health District is an Equal Opportunity Employer.

**Instructions:** Type or legibly print this application. Sign and date the application. An incomplete application may remove you from consideration. A copy of an application will be accepted only with an **original** signature.

### **GENERAL INFORMATION**

Position For Which Applying:				
Last Name		First Name		Middle Initial
Street Address		City	State	Zip Code
Home Phone (     )	Work Phone (     )	Message Phone (     )		Social Security Number (Optional) -     -

### **EDUCATION**

Did you graduate from high school or receive a GED certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "No" to the above question, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12					
Name of college, university, vocational school	Major	Dates Attended		Degrees Conferred	
		From	To	Title	Date
Indicate any experience gained through hobbies, volunteer work, etc., which you believe is relevant to this position. _____ _____ _____					
Indicate any other trades, skills or licenses you possess related to the position. Include licensing state and expiration date. _____ _____ _____					

**Veterans' Preference:** If you have served in the Armed Forces of the United States you may be eligible for Veterans' Preference. Do you claim veterans' preference? Yes ☐ No ☐ (Proof of veteran status [form DD214] may be required if hired.)

**Valid Washington State Driver's License?** Yes ☐ No ☐

**Criminal Conviction.** (Conviction does not automatically bar you from employment. Each case is considered on job duties performed.) Have you been convicted of a misdemeanor or felony within the last seven (7) years? Yes ☐ No ☐

## EMPLOYMENT HISTORY

Beginning with the most recent, list your work experience including self employment, military service, volunteer work and periods of unemployment. You must include a complete employment history to ensure correct placement in salary ranges if you are hired. Attach additional sheets if necessary.

Employer	Total Time Employed  _____ years    _____ months  From    _____ / _____ <div style="text-align: center;">month /year</div> To    _____ / _____ <div style="text-align: center;">month /year</div> Hours Worked Each Week  Starting Salary  Final Salary
Address	
Position <span style="float: right;">No. of employees supervised</span>	
Supervisor <span style="float: right;">Phone (    )</span>	
Specific Duties:	
Reason for leaving or considering change	

Employer	Total Time Employed  _____ years    _____ months  From    _____ / _____ <div style="text-align: center;">month /year</div> To    _____ / _____ <div style="text-align: center;">month /year</div> Hours Worked Each Week  Starting Salary  Final Salary
Address	
Position <span style="float: right;">No. of employees supervised</span>	
Supervisor <span style="float: right;">Phone (    )</span>	
Specific Duties:	
Reason for leaving or considering change:	

Employer	Total Time Employed  _____ years    _____ months  From    _____ / _____ <div style="text-align: center;">month /year</div> To    _____ / _____ <div style="text-align: center;">month /year</div> Hours Worked Each Week  Starting Salary  Final Salary
Address	
Position <span style="float: right;">No. of employees supervised</span>	
Supervisor <span style="float: right;">Phone (    )</span>	
Specific Duties:	
Reason for leaving or considering change:	

## CERTIFICATION AND SIGNATURE

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from employment, if hired.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## AFFIRMATIVE ACTION

The Benton-Franklin Health District is an Equal Opportunity Employer. To help us comply with government recordkeeping, reporting and other legal requirements, please complete the affirmative action data below. **Providing this information is voluntary. The data are kept for statistical purposes only and are separated from the employment application prior to receipt by the hiring authority.**

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Application Date: \_\_\_\_\_

GENDER: Female ☐ Male ☐

BIRTHYEAR: \_\_\_\_\_

### ETHNIC GROUP/RACE:

If you identify with more than one "ethnic origin" below, we respect your desire to mark multiple boxes. For statistical purposes, however, it would be helpful if you mark the one "ethnic origin" with which you most identify.

- ☐ **African American/Black:** Persons having origins in any of the Black racial groups of Africa.
- ☐ **American Indian/Alaska Native:** Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Asian/Pacific Islander:** Persons having origins in the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. These areas include China, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **Hispanic/Latino:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race.
- ☐ **White/Caucasian:** Persons having origins in any of the original peoples of Europe, North Africa, the Middle East or Southwest Asia.

DISABILITY: Yes ☐ No ☐

A disability is a permanent physical, mental or sensory condition that substantially limits one or more major life activities. The disability must be substantial rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means. Substantial means you are either unable to perform or are significantly restricted in performing a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.

**THIS CONFIDENTIAL INFORMATION IS MAINTAINED FOR AFFIRMATIVE ACTION PURPOSES ONLY. IT WILL NOT BE CONSIDERED AS A REQUEST FOR ACCOMMODATION. If you require accommodation completing the application, please call (509) 943-2614.**

### VETERAN STATUS:

Dates served: \_\_\_\_\_ to \_\_\_\_\_

**Vietnam-era Veteran** YES ☐ NO ☐ [Percent of disability: \_\_\_\_\_ %]

"A person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than dishonorable discharge, if any part of such active duty occurred: (1) In Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75, in all other cases; or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (3) in Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75, in all other cases."

**Special Disabled Veteran** YES ☐ NO ☐ [Percent of disability: \_\_\_\_\_ %]

"A veteran who is entitled to compensation or who but for the receipt of military retired pay would be entitled to compensation, under laws administered by the U.S. Department of Veterans Affairs for disability: (1) Rated at 30 percent or more; or Rated 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or (2) A person who was discharged or released from active duty for a service connected disability."

Thank you for your interest in the Benton-Franklin Health District

### EMPLOYMENT HISTORY (continued)

Employer		Total Time Employed
Address		_____years    _____months
Position	No. of employees supervised	From     _____/_____ month /year
Supervisor	Phone (      )	To        _____/_____ month /year
Specific Duties:		Hours Worked Each Week
		Starting Salary
		Final Salary
Reason for leaving or considering change:		

Employer	Total Time Employed  _____years    _____months
Address	
Position	From    _____/_____ month /year
No. of employees supervised	
Supervisor	To    _____/_____ month /year
Phone (    )	
Specific Duties:	Hours Worked Each Week
	Starting Salary
Reason for leaving or considering change:	Final Salary

Employer	Total Time Employed ____years    ____months
Address	
Position	From    ____/____ month /year
No. of employees supervised	
Supervisor	To    ____/____ month /year
Phone (    )	
Specific Duties:	Hours Worked Each Week
	Starting Salary
Reason for leaving or considering change:	Final Salary

Employer	Total Time Employed _____years    _____months
Address	
Position	From    _____/_____ month /year
No. of employees supervised	
Supervisor	To    _____/_____ month /year
Phone (    )	
Specific Duties:	Hours Worked Each Week
	Starting Salary
Reason for leaving or considering change:	Final Salary